

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA):**  
**Hoosick Falls Area, Rensselaer County, NY**

**D. CHILD QUESTIONNAIRE**

**Child's Last Name:** \_\_\_\_\_

**Child's First Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** M F

**Parent's Name:** \_\_\_\_\_

**Parent's Participant ID:** \_\_\_\_\_

**Current Residential Address**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Parent's Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent's Email:** \_\_\_\_\_

**Mailing Address (if different):**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Physician:** If you would like your child's results mailed to his/her personal physician, please provide us with his/her name and address:

**Print name of physician:** \_\_\_\_\_

**Print Address of Physician:** \_\_\_\_\_

\_\_\_\_\_

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The first questions are about how you may have been exposed to PFOA from drinking water during the time before you learned about the PFOA in water and took steps to reduce your exposure. (Later in the questionnaire we will ask for a detailed residential history going back to your child's birth year.)

1. Does your child currently or did your child formerly (or never) live in a home served by **Village Hoosick Falls public water and your child drank the public water?**
- a ☐ CURRENTLY live in a home served by Village of Hoosick Falls **public water**
  - b ☐ FORMERLY lived in home served by Village of Hoosick Falls **public water**
  - c ☐ NEVER lived in a home served by Village of Hoosick **public water** (*go to question 11*)
  - d ☐ do not know/refused (*go to question 11*)

**IF CURRENTLY:**

- 2. For how many years? \_\_\_\_\_
- 3. How many 8 oz cups per day? \_\_\_\_\_
- 4. Did you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 5. Does your child drink bottled water at home?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

**IF FORMERLY:**

- 6. For what years? From \_\_\_\_\_ to \_\_\_\_\_
- 7. Provide more information if needed as an explanation: \_\_\_\_\_  
\_\_\_\_\_
- 8. How many 8 oz cups per day? \_\_\_\_\_
- 9. Did you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 10. Did your child drink bottled water at home during these years?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

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11. Does your child currently or did your child formerly live in a home served by a **private well** that was **tested and found to be contaminated with PFOA and your child drank the well water**?

- a ☐ CURRENTLY using a **private well** tested and shown to be **contaminated with PFOA**  
(sampling results showed PFOA contamination)
- b ☐ FORMERLY used a **private well** tested and shown to be **contaminated with PFOA**
- c ☐ NEVER lived in a home with private tested and shown to be **contaminated with PFOA**
- d ☐ do not know/refused

*(If Never or do not know, got to Question 21)*

**IF CURRENTLY :**

- 12. For how many years? \_\_\_\_\_
- 13. How many 8 oz cups per day? \_\_\_\_\_
- 14. Did you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 15. Does your child drink bottled water at home?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

**IF FORMERLY:**

- 16. For what years? From \_\_\_\_\_ to \_\_\_\_\_
- 17. Provide more information if needed for explanation: \_\_\_\_\_  
\_\_\_\_\_
- 18. How many 8 oz cups per day? \_\_\_\_\_
- 19. Did you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 20. Did your child drink bottled water at home during these years?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

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21. Does your child currently or did your child formerly live in a home served by a **private well** that has not been **tested for PFOA and your child drank the well water**?

- a ☐ CURRENTLY lived in a home with a **private well**, PFOA contamination **unknown**
- b ☐ FORMERLY lived in a home with a **private well**, PFOA contamination **unknown**
- c ☐ NEVER lived in a home with a **private well**, PFOA contamination **unknown**
- d ☐ do not know/refused

*(If never or do not know, go to Question 31)*

**IF CURRENTLY :**

- 22. For how many years? \_\_\_\_\_
- 23. How many 8 oz cups per day? \_\_\_\_\_
- 24. Do you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 25. Does your child drink bottled water at home?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

**IF FORMERLY:**

- 26. For what years? From \_\_\_\_\_ to \_\_\_\_\_
- 27. Provide more information if needed for explanation: \_\_\_\_\_  
\_\_\_\_\_
- 28. How many 8 oz cups per day? \_\_\_\_\_
- 29. Did you filter the water?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER
- 30. Did your child drink bottled water at home during these years?
  - a ☐ ALWAYS
  - b ☐ OCCASIONALLY
  - c ☐ NEVER

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31. Does your child currently or did your child formerly attend a daycare or school in the Village?

- a ☐ CURRENTLY attend **daycare or school** in the Village
- b ☐ FORMERLY attended **daycare or school** in the Village
- c ☐ NEVER attend **daycare or school** in the Village
- d ☐ do not know/refused

The following question is for teenagers only. If child is not a teenager, got to 36.

32. Does your teenager have a paying job? ☐ Yes ☐ No

If YES, go to 33. If NO, go to 36.

33. Does your teenage child currently or did your child formerly work at Saint-Gobain?

- a ☐ CURRENT employee at **Saint-Gobain**
- b ☐ FORMER employee at **Saint-Gobain**
- c ☐ NEVER employed at **Saint-Gobain**
- d ☐ do not know/refused

34. Does your teenage child currently or did your child formerly **work in a location served by Village of Hoosick Falls public water and you drank the water?**

- a ☐ CURRENTLY **work** in a location served by **Village of HF public water**
- b ☐ FORMERLY **work** in a location served by **Village of HF public water**
- c ☐ NEVER **worked** in a location served by **Village of HF public water**
- d ☐ do not know/refused

35. Does your teenage child currently or did your child formerly **work in a location served by a private well that was tested and found to be contaminated with PFOA and you drank the water?**

- a ☐ CURRENTLY **work** in a location served by a **private well that was tested and found to be contaminated with PFOA?**
- b ☐ FORMERLY **work** in a location served by a **private well that was tested and found to be contaminated with PFOA?**
- c ☐ NEVER **worked** in a location served by a **private well that was tested and found to be contaminated with PFOA?**
- d ☐ do not know/refused

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**36.** If none of the exposure scenarios described above explain why you are requesting blood testing for PFOA, please explain below:

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**37.** How long has your child lived at his or her current address? \_\_\_\_\_

If lived at current address < **18 years**:

**Previous Address 1**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Address 2**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Address 3**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**NEW YORK STATE DEPARTMENT OF HEALTH**

**Previous Address 4**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Remainder of Questions are for teenagers only:**

38. Are you now, or have you been in the past, a professional or volunteer firefighter? ☐ Yes ☐ No

Dates: \_\_\_\_\_

**If this teenager has held any jobs, continue:**

**39. Current Job**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Job 1**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Job 2**

**NEW YORK STATE DEPARTMENT OF HEALTH**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Job 3**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_

**Previous Job 4**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

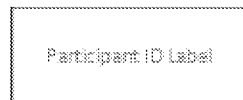
Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

What years? \_\_\_\_\_ to \_\_\_\_\_



PRIVILEGED AND CONFIDENTIAL PURSUANT  
TO LAW INCLUDING, BUT NOT LIMITED TO,  
PUBLIC HEALTH LAW SECTION 206(1)(j)



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### NEW YORK STATE DEPARTMENT OF HEALTH

The blood testing project's goal is to learn about levels of exposure to PFOA. By providing the following information, you are assisting us with learning about health conditions of concern in your community. Providing this information is completely voluntary. NYS DOH will protect the confidentiality of your information and will not share it with any person or entity.

Have you ever been diagnosed with any of the following health conditions?			CHECK		If YES, tell what year
			YES	NO	
46	Circulatory	High blood pressure			
47		Coronary artery disease			
48		High cholesterol			
49		Stroke			
50	Autoimmune	Lupus			
51		Type 1 diabetes			
52		Inflammatory bowel disease			
53		Ulcerative colitis			
54		Crohn's disease			
55		Multiple sclerosis			
56		Rheumatoid arthritis			
57		Other autoimmune: _____			
58	Liver	Hepatitis			
59		Enlarged liver			
60		Fatty liver disease			
61		Cirrhosis			
62		Other liver: _____			
63	Neurological	Alzheimer's disease			
64		Parkinson's disease			
65		AML – Lou Gehrig's disease			
66		Other neurological: _____			
67	Thyroid	Hypothyroidism			
68		Hyperthyroidism			
69		Other thyroid _____			
71	Kidney	Chronic kidney disease			
72		End-stage renal disease			
73		Other kidney: _____			
75	Pregnancy	Pregnancy induced hypertension			
76		Pre-eclampsia			
77		Other pregnancy problem: _____			
78	Cancer	Cancer type:			
79		Cancer type:			
70		Cancer type:			
81	Other conditions:	(Use other side of page if needed)			
82	(specify)				
83					
84					